

# Application to Host Industry Supported Event



## SLEEP 2012 26<sup>th</sup> Annual Meeting of the APSS

Hynes Convention Center, Boston, Massachusetts, June 9-13, 2012

**Submission Deadline: December 30, 2011**

My signature below verifies that I have read and understand the conditions of this application, as well as the conditions and regulations published in the "Guidelines for Industry Supported Events" document. By signing below, I am indicating my company's agreement to be bound by any and all such conditions and regulations. I accept responsibility for informing all of our employees, speakers, supporters and event organizers of these conditions and for ensuring that they will abide by them also. I further understand the penalties, which may be assessed if we are in violation of these conditions. I also understand the cancellation policy for canceling our event.

Signature: \_\_\_\_\_  
(Authorized Industry Supported Event Representative)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\$2,000 payment enclosed made payable to APSS  
(U.S. Funds drawn on a U.S. Bank)

**Name of Event:** \_\_\_\_\_

**Please indicate where and when you propose to hold your event:**

Requested Location (1<sup>st</sup> Choice): \_\_\_\_\_

Requested Location (2<sup>nd</sup> Choice): \_\_\_\_\_

(Selection of a venue is the responsibility of the event organizer)

**Date/Time will be determined by the APSS Program Committee:**

Requested Date (1<sup>st</sup> Choice): \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Requested Date (2<sup>nd</sup> Choice): \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Will there be food and beverage as part of the event?**

Yes or  No

## Planning Organization Contact Information:

Organization: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Postal Code \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ / \_\_\_\_\_

Fax: \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

## Commercial Organization Contact Information:

Organization: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Postal Code \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ / \_\_\_\_\_

Fax: \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

**Will there be CME offered?**  Yes or  No

## CME Provider Contact Information:

Organization: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Postal Code \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ / \_\_\_\_\_

Fax: \_\_\_\_\_ / \_\_\_\_\_

Email: \_\_\_\_\_

## Please attach the following information:

Event Speakers and Contact Information     Event Outline and Schedule     Content Description

Application must be received by the APSS Meeting Department by December 30, 2011. Please address applications with attachments to:

APSS Meeting Department | Attn: Kathy Lovato

2510 North Frontage Road, Darien, IL 60561

Phone: (630) 737-9700 | Fax: (630) 737-9789 | Email: klovato@aasmnet.org